

213018964

State of Nebraska

Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

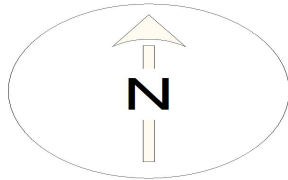
001	Total Number of Vehicles	Local No./ District 084	Agency Case No. B3-046597	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05-29-2013		(In Military Time) TIME OF ACCIDENT 2150		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2238	LATITUDE	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Goodhue/H		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		FEET MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	1			05 02 1 1 05	1	
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	STATE (Of License)			NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	PHONE (402) 805-0075			LOCAL NO.	
01	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
V2/N	OWNER	PHONE (402) 471-2400			LOCAL NO.	
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	
2	1445 K Street, , Lincoln, NE, 68502				CITATION NO.	
H	LICENSE PLATE SP NO. 8330	YEAR (Plate Expires) 2014			STATE (Of Plate) NE	
V1/O	VEHICLE	YEAR 2010	MAKE Willys-Jeep	MODEL Patriot	BODY STYLE Compact Utility	COLOR SIL
1	VEHICLE ID NO. (VIN) 1J4NF2GBXAD597749	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 50.00			INSURANCE COMPANY Aon Risk Services	
V2/O	TOWED TO	TOWED BY			POLICY NO. Self Insured	
VEHICLE NO. 2						
I	DRIVER LICENSE NO.	STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	PHONE ()			LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER	PHONE ()			LOCAL NO.	
01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	
V1/Q	LICENSE PLATE NO.	YEAR (Plate Expires)			STATE (Of Plate)	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
3	VEHICLE ID NO. (VIN)	ESTIMATED DAMAGE <input type="radio"/> TOALED \$			INSURANCE COMPANY	
K	TOWED TO	TOWED BY			POLICY NO.	
03						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
VEH. #	NAME ADDRESS			10-12-1984		19 10 3 4 F
0	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME			EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS					
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME			EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS					
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME			EMS RUN REPORT NO.		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-046597

Indicate
North
by Arrow

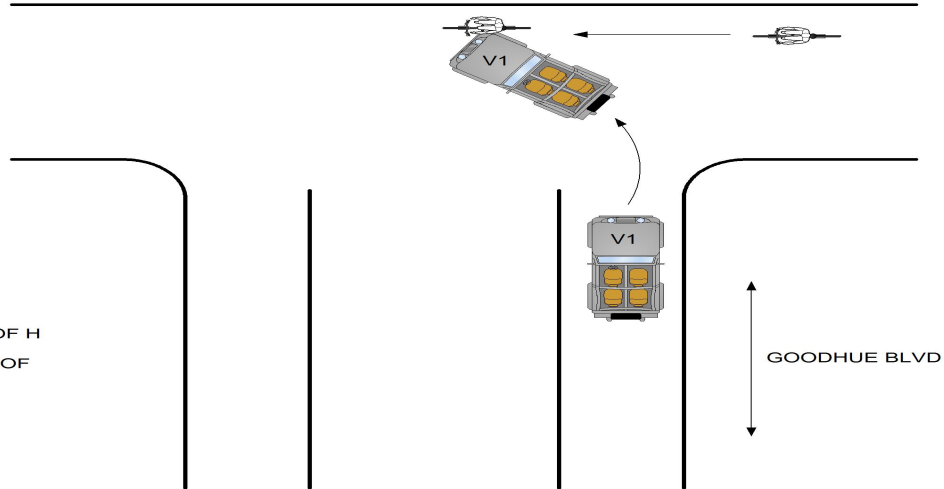


H STREET

GOODHUE BLVD: 55'
H STREET: 48'

POI: 2' SOUTH OF THE NORTH CURB OF H
STREET
30'6" WEST OF THE EAST CURB OF
GOODHUE BLVD

NOT TO SCALE
MEASUREMENTS APPROXIMATE



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of V1, stated she was driving her department issued vehicle NB on Goodhue Blvd. D1 stated she stopped at the T-Intersection of Goodhue Blvd/H Street prior to entering the intersection. D1 continued forward, making a left turn onto H Street so she could park on the east curb of H Street. When D1 made her left turn she struck a bicycle traveling WB on H Street, knocking the rider from the bicycle. D1 stated she did not see the bicycle traveling WB as the bicycle had no visible lighting attached to it, and the rider had no reflective gear. Cantrell, the bicycle operator, was contacted at BryanLGH/West after she drove herself to the hospital. Cantrell admitted to driving after dark, WB on H Street. Cantrell stated as she was traveling WB she observed V1 traveling NB on Goodhue Blvd. Cantrell stated V1 did not stop, and made no effort to avoid hitting her as she rode her bicycle. Cantrell admitted she was not wearing a helmet, reflective clothing, and did not have lighting attached to the front or back of the bicycle. Cantrell did state she had a reflector on her front wheel spokes. Cantrell was treated for pain to her ankle and elbow. Photos were taken of Cantrell's injuries. Cantrell advised she could find no damage on her bicycle except for slight bending of the handle bars. D1 also stated her vehicle had no visible signs of damage, except for a possible scratch to the front passenger fender. Cantrell was cited for no bicycle lighting.

PROPERTY	OBJECT DAMAGED Bicycle	OWNER NAME Caressa B Cantrell , 1113 H Street Apt. B-1, , Lincoln, NE, 68508	ADDRESS	PHONE (402) 709-0579	APPROX. COST OF DAMAGE \$ 25
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE ()
	NAME	ADDRESS			PHONE ()

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1	001	VEH 2		
1	X				Goodhue												
2																	
1	06				06 Turning left												
2					08 Entering traffic lane												
01	Essentially straight ahead			09	Leaving traffic lane												
02	Backing			10	Parked												
03	Changing lanes			11	Slowing or stopped in traffic												
04	Overtaking/ Passing			12	Other												
05	Turning right			13	Unknown												
OFFICER NO. 1671				TROOP/ TEAM/ BEAT 5a				DEPARTMENT 5501 Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
INVESTIGATOR NAME (Print or Type) Trent Petersen								INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission								DATE OF REPORT 05/30/2013	